



# RESEARCH CONSENT FORM

Subject Name: \_\_\_\_\_ Date \_\_\_\_\_

Title of Study: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ VAMC: \_\_\_\_\_

## DESCRIPTION OF RESEARCH BY INVESTIGATOR

1. Purpose of study and how long it will last:
2. Description of the study including procedures to be used:
3. Description of any procedures that may result in discomfort or inconvenience:
4. Expected risks of study:
5. Expected benefits of study:
6. Other treatment available:
7. Use of research results:
8. Special circumstances:

SUBJECT'S IDENTIFICATION (I.D. plate or give name-last, first, middle)